

The accessory rooms include a large day-room for up-patients, a room which will house an X-ray plant when funds are available for its purchase, a dispensary, and rooms for radiant heat, massage, diathermy, ultra-violet light, galvanic baths, electric treatment, etc. A mortuary, well removed from the wards, with a post-mortem room near-by, and a clinical room for the study of bloods, urines, etc., are also included.

The front of the hospital has a restful appearance, built of Dungannon rustic brick, and pointed with snow-crete. The back of the building is built of Haypark local brick; it extends to Abercorn Street, and here is found the out-patients' entrance. This latter most important department is entirely on the ground level; its floor is composed of terrazzo, and its walls are finished with white pioneer plaster.

The architect for the new hospital, which will cost for the portion now built £10,000, is Mr. Robert Frater, Belfast, in consultation with the visiting physicians, Dr. H. Hilton Stewart and Dr. R. S. Allison; and the contractors are Messrs. William Dowling & Sons, also of Belfast.

With this added accommodation the Claremont Street Hospital, as it is familiarly referred to, will be an asset of great value to the hospital services of Belfast, and should be a valuable training ground for medical students in this particularly difficult branch of medicine. Already it is attracting quite a number of students, and with the additional accommodation increasing numbers will surely follow.

The work of the hospital extends to a Convalescent Home and Epileptic Colony in Killowan, near Lisburn. It has accommodation for about twenty-two patients, and is visited regularly by the members of the honorary medical staff of the hospital.

BRITISH MEDICAL ASSOCIATION NORTHERN IRELAND BRANCH

BECAUSE of certain statements in the Press in the early part of this year, the Branch Council has had under consideration the question of the issue of certificates in the case of illness of school children.

Through the co-operation of the resident magistrate and the Education Authorities, the distinction has now been made clear between the legal value and the expediency of such certificates. A letter explaining the position is being prepared for circulation to members of the branch.

The series of articles on various aspects of medical work which appeared in the "Belfast Telegraph" in the winter has been prepared in booklet form. In order to impress the need for greater co-ordination of the medical services in Northern Ireland on those concerned, this booklet, together with Dr. Kidd's paper, and the British Medical Association's "General Medical Service for the Nation," have been forwarded, with a covering note, to members of the branch, and also to representatives of County and Town Councils, Urban and Rural Councils, Boards of Guardians, and the members of Senate and Commons of the Northern Parliament.

The time has proved peculiarly suitable to emphasise some of the more urgent points.

This session the meeting of the Branch in Londonderry revives an old custom. It has been arranged for the latter part of April, and is to take the form of a series of short papers, followed by discussion. Mr. Irwin is also showing his film on the Smith-Petersen Nail.

F. M. B. ALLEN } *Hon. Secretaries.*
R. W. M. STRAIN }

BELFAST MEDICAL STUDENTS' ASSOCIATION VISIT TO LONDON

FEBRUARY 10th, 11th, and 12th, 1939

THE Committee of the Belfast Medical Students' Association organised, as an innovation this year, a week-end visit to London with the object of giving students an opportunity of seeing something of the medical work there. Such visits are annual events in some of the other provincial universities, and have proved a great success, and certainly during the week-end spent there the party from Queen's enjoyed a most interesting and varied experience. The visit took place in February, and the fact that the England v. Ireland Rugby International was played at Twickenham the same week-end was something more than a mere coincidence! Some thirty students of both sexes, including one or two house surgeons, made up the party, and as all were in their clinical years—third, fourth, and fifth—were well able to appreciate the work of the hospitals.

On arrival in London on Friday towards mid-day, the party divided to go to various hotels, and after lunch reassembled at Broadcasting House. Here we were warmly received by Mr. Ogilvie, our former Vice-Chancellor at Queen's, and were joined by Professor W. W. D. Thomson, Professor Barcroft, and other friends who had heard of our programme. The tour of Broadcasting House was conducted by two guides, and lasted just one hour. We were shown from the basement, where the noiseless air-conditioning apparatus is situated, right to the sand-bagged roof. It is a veritable warren of studios, large and small, and all acoustically perfect; each is furnished and decorated to give the right atmosphere for the subject for which it is used; for instance, the religious services are broadcast from a studio which is like a small chapel with altar and decorations; that for the children's hour has modern decorations, while the serious talks are given from a beautiful study lined with books, and a thoughtful portrait of George Washington looking down. The effects room, where noises from the buzzing of a bee to the roar of a train can be artificially produced, was of great interest. Finally we saw the control room at the top, where the slightest error can bring in forty thousand letters of complaint the following day! A glance into the television room and into some of the delightful rest rooms brought our visit to an end. We were all most impressed, and now feel

that we can see behind the scenes when we listen-in, and are certainly satisfied that our ten shillings a year are well spent.

Leaving Broadcasting House at half-past two, a short walk brought us to the Middlesex Hospital, where most of us felt more at home. Here Mr. Pearce Gould had prepared a splendid variety of entertainment for us. We were received in the board-room by several housemen and students, who, with great kindness and undetectable reluctance, had arranged to give up their afternoon to act as our guides, philosophers, and friends. After several suggestions as to what we might like to see, most of us chose to see the hospital as a whole. Accordingly we started at the top floor, the sixth, and worked down. Each unit is roughly H-shaped, the limbs representing wards and the cross stroke theatres, kitchens, clinical rooms, as compared with the U-shaped units at the Royal Victoria Hospital. The top floor is devoted to women and children, the latter section containing both medical and surgical cases. A feature of the wards is the provision of curtains for each bed. Cases shown to us here included a meningocele in a young infant, thyrotoxicosis in a boy of ten years, and a cavernous hemangioma in an infant. The fifth floor is devoted to gynæcological cases, and the next three to general medical and surgical cases, some of which were demonstrated. The first floor is perhaps the most interesting; cases of particular interest to the special departments are transferred here. Professor Samson Wright, who occupies the Chair of Physiology, amongst others has cases under observation and treatment in this unit. We were shown a case of adreno-genital virilism in a boy of five years, and a case of aplastic anæmia treated by continuous drip-blood transfusion. Large balconies are an interesting feature of these wards; they overlook the inner courtyard, and are capable of holding several beds each. The ground floor is occupied by offices and special departments—the latter included an elaborate teloradium unit which Dr. Ravan was kind enough to show us. The radium-bomb was built by Metro-Vickers, and can be adjusted to any position—the same applying to the dentist's chair supplied for the patient. An ingenious vacuum safe retains the radium until released by a time clock for a predeterminable period, after which it returns to the safe. X-ray rooms are more numerous than with us in Belfast; we did not have the opportunity of seeing their equipment. The cardiological department is situated in the basement. (Electrocardiographs by Cambridge Instrument Company. X-ray screening by Schall.)

After tea, which was served in the board-room, our hosts, to our pleasant surprise, had more in store for us. We were invited to the beautifully-equipped clinical lecture theatre to hear a few words from Dr. Kekwick about the continuous drip transfusion apparatus. He explained to us the components, function, advantages and optimum rates of flow of the apparatus. A few questions from final-year Queensmen and a word or two of appreciation from Mr. Lusk on our behalf completed a very interesting talk. From here we were taken to the orthopædic department, where Mr. Gray gave us a most interesting clinique on the treatment of dislocation of the limb-joints, laying great stress on the advisability of immediate mobilisation of dislocated joints, provided sufficient stability existed.

Several cases were shown, in which very good results had been obtained in relatively short periods. He also showed a case in which the supraspinatus muscle was torn, and another of circumflex palsy. Mr. M'Connell expressed our gratitude for such an interesting talk.

We left the Middlesex after a most enjoyable and profitable afternoon, with our hosts' assurances that they would take the first opportunity of giving Queen's a chance of repaying their wonderful hospitality.

After this some of us went to Mr. Ogilvie's house, where an interesting presentation of a casket was made to Professor Hummel by his old pupils of the School of Technology, Belfast. In the evening the party was divided into groups and entertained to private dinner parties by several Belfast graduates, notable amongst these were:—Mr. R. Lindsay-Rea, F.R.C.S.; Mr. Robert Kerr, F.R.C.S.; Dr. Jack Freeman, Mr. R. Leslie Dodds, F.R.C.S.; Dr. A. McIlwaine. After dinner the party, together with their hosts, reassembled to enjoy a splendid variety show at the Palladium.

On Saturday morning at ten o'clock we all met at the Royal College of Surgeons, Lincoln's Inn Fields, where Professor Beattie and his staff most kindly entertained us. After a few remarks on the origins and development of the college from barber-surgeon days, our host took us through the specimen rooms, pointing out how the nucleus—some nine or ten thousand exhibits—were from the hand of John Hunter himself. We saw the first tissue graft on record, an experiment in which Hunter had successfully transplanted a human tooth into a cock's comb. Unfortunately we did not have time to inspect the collection of foreign bodies, and in particular, a certain tramcar handle of whose peregrinations we had already been informed. There followed a brief visit to the library, whose curator had generously laid out its choicest treasures, including Hunter's famous letter to Jenner about hedgehog hibernation, advising him, "don't think, try the experiment." And so to the laboratories, which must be ranked as one of the high spots of our trip. Some four or five pieces of research were in progress, and we visited these in turn in small groups. First, a study of the effects upon the blood-sugar or stimulation of the cervical sympathetic. This was in the preliminary stages, and attention was focussed on the comparison to high frequency and simple neon-lamp stimulations—the recording being from the incitating membrane. Following this, we saw a demonstration of the effects of pressure changes in the aorta on the cardiac depressor nerve, registered via a simple electrode by an oscillograph. Other observers were concerned with the results on respiration of stimulation of the hypothalamus, whose anterior portion contains parasympathetic centres, the posterior being sympathetic. The former centres stimulated, and the latter depressed respiratory movements. It is hoped to correlate these findings with brain surgery in man, in an attempt to explain post-operative respiratory failure and lung collapse. In the above experiments cats were used, with intraperitoneal barbiturate for anæsthetic. In another group thyrotoxicosis was under investigation, by injecting pituitary extract into hypophysectomised rats whose basal metabolic rate was registered in a special thermo-insulated chamber. In

another room the blood-pressure was being registered in rats' tails after operation upon the kidney. This was an attempt to elucidate the problem of essential hypertension. Unfortunately, we could stay no longer, so after a delightful lunch with our hosts, during which Dr. Nelson proposed our vote of thanks, we left, deeply impressed, for Twickenham.

The match has been better described by other pens than ours, but the disappointment of the medical students whose touch-line seats were behind the goal-posts was soon banished when Dr. Sinclair Irwin decided to place the winning try just a few feet from them. With glorious weather, a good try, and a perfect result, the trek back from Twickenham with 66,000 others was hardly noticed. Saturday evening was free for each to choose his own type of entertainment.

On Sunday morning, for those interested (and almost all were present) a very well organised inspection was made of the Hospital for Sick Children, Great Ormond Street. The tour was organised by Mr. Denis Browne, designer of the well-known splint, and we were sorry not to have met him personally, but were well taken care of by the senior house surgeon. We did not spend any time at the old hospital, which now is used as an out-patient department, but went straight away to the new building. It is an eight-storey structure, built with several wings from the central column, which contains the lifts, stairways, theatres, and offices, and each floor is laid out on the same plan. Each floor of a wing contains a complete unit made up of one general ward for six patients and four private wards, together with kitchen and clinical room. One side wall of the wing opens on to a balcony which can accommodate all ten beds. The whole interior is designed on most modern lines, combining beauty with efficiency and a spaciousness which allows of a maximum of light and air, so necessary in Central London. This tends to give the impression that in comparison with the size of the wards there were relatively few beds. In this hospital every modern device has been used; one of the main features being the isolation that each child can have, so that the chances of infection are reduced to a minimum.

The method of calling housemen was quite ingenious. Each houseman has a combination of two numbers from 1 to 12, and he is called by the repeated illumination of his numbers on a dial. In the surgical end we saw mostly genito-urinary cases, together with a few miscellaneous ones. They had recently had several cases of "Wilms tumour," in which nephrectomy following early diagnosis had given better results than one would have expected. Children under five are affected chiefly, and the kidney shows great enlargement. There is usually no hæmaturia. It is essentially a mixed tumour, rapidly growing, and often involves both kidneys, and widespread metastasis is the rule, although cases were recorded which were alive and well two years after operation. Another case shown to us was a boy of seven years with a red and tender mass above the inguinal ligament about the junction of its medial third and lateral two-thirds. It was of short duration and appeared as a simple abscess. The X-ray, however, showed it to be tuberculous disease of the os pubis. In the medical end the chief case of interest

was an infant, three days old, with all the symptoms of pyloric stenosis. On operation, however, it was found that the duodenum ended blindly, while the jejunum was rudimentary, without lumen and lying free. The jejunum was excised and the duodenum anastomosed to the ileum. The infant was given continuous drip glucose saline, and it is worthy of note that after fourteen days it had lost only six ounces. Before leaving the hospital we were shown two of the new iron lungs and an oxygen tent.

Leaving the hospital at 12.30, some of us visited the Zoo, where we were particularly interested to see, among other recent arrivals, the Giant Panda. It is extraordinary that in this year of 1939 a new animal should have been discovered in the Himalayas, whose existence had not hitherto been suspected.

How to spend Sunday afternoon in a strange city is always rather a problem, and we are extremely grateful to the Queensmen and their friends who so gallantly came to our rescue and gave us such a grand afternoon. At 2.30 p.m. we all collected at 101 Harley Street, where our hosts, each with his car, were waiting for us; they were Mr. R. Lindsay Rea, Mr. R. Leslie Dodds, Mr. W. M'Kim M'Cullagh, Dr. V. D. Allison, Dr. Turnbull, Mr. Condy, and Mr. Finlayson. We split into groups of three or four, and were driven for two hours or so through some of the most interesting parts of London. As it was Sunday, the problem which London traffic usually presents was solved, and, driving through practically deserted streets, we covered an amazing amount of ground. The tour was short, swift, very instructive and extremely luxurious. We saw the Houses of Parliament, Buckingham Palace, the Bank of England, the Tower, Westminster Abbey, St. Paul's, and so on, and on passing through Hyde Park and Regent's Park the recent hastily-dug trenches presented rather a grim contrast. On our return to Harley Street, in spite of the size of our party, Mrs. Lindsay Rea entertained all of us and a few other Belfast friends to a sumptuous tea. Impromptu entertainment was provided by Mr. Findlayson and Mr. Holley, who let his voice be heard in "Down Where the Praties Grow." Needless to say, the party would not have been complete without a Queen's Fravilio, and this must have shaken Harley Street! Mr. Brian McConnell expressed our appreciation of the wonderful hospitality which was so generously given to us over the week-end, and which added so much to its pleasure. Our time for leaving came all too quickly, and our hosts conducted the entire party to Euston, and were last seen waving their farewells as the 6.35 train steamed away to the North. With this send-off ended a most enjoyable week-end, a happy blending of medical education and amusement.

ULSTER MEDICAL SOCIETY

THE fifth meeting of the session was held in the Whitla Medical Institute on 12th January, 1939. The president, Dr. John McCloy, occupied the chair, and introduced the lecturer for the evening, Mr. T. C. Dodds, of the Institute of Pathology, Edinburgh University. The subject of the lecture was "Colour Photography in Medicine." The lecture was illustrated by a wonderful collection of photographs in natural colours, made from whole mounts and from highly-

magnified microscopic preparations. This lecture is published elsewhere in this issue of the journal.

The sixth meeting of the session was held in the Whitla Institute on 26th January, 1939. Dr. John McCloy occupied the chair. Dr. Douglas Boyd delivered an address: "The Duodenal Circle." This was a clinical study, illustrated by a wide range of X-ray pictures illustrating the many conditions which present symptoms referred to this small circle of only a few inches in diameter. It is hoped to publish this paper in a future number of the journal. A long discussion followed Dr. Boyd's paper, and at least twelve members of the Society took part. The meeting did not conclude until five minutes after eleven o'clock.

The seventh meeting of the session was held on 9th February, 1939, with the president, Dr. McCloy, in the chair. Mr. J. McAllan, B.Sc., M.R.C.V.S., the chief veterinary officer of the Ministry on Agriculture, Stormont, lectured on "Diseases of Animals Communicable to Man." This paper is published elsewhere in this issue of the journal.

The annual laboratory meeting of the Society was held on Thursday, 23rd February, 1939, by kind permission of Professor J. H. Biggart, in the Institute of Pathology of Queen's University. Dr. John McCloy, the president, occupied the chair. A very large exhibition of mounted specimens with accompanying clinical notes was on view, and short instructive discussions took place around them. Radiographs were also exhibited, methods for typing bacillus tuberculosis, and a new method of utilising stored blood for transfusions were also demonstrated. The clinical notes of the more interesting of these pathological specimens will be published in this journal.

The eighth meeting of the session was held in the Whitla Medical Institute on Thursday, 9th March, 1939. Dr. John McCloy, the president, occupied the chair. Two papers were read: one by Miss D. D. Rankin, B.Sc., the orthoptic specialist on the staff of the Ophthalmic Hospital, the Benn Ophthalmic Hospital, and in the Ulster Hospital for Children and Women; the second was by Miss M. L. Hayward, on speech therapy. Miss Hayward is on the staff of the Belfast Hospital for Sick Children.

Dr. Beatrice Lynn, introducing Miss Rankin, said: Recent advances in medical science have involved the co-operation with our profession, in some degree, of workers in other spheres, for example, massage, electrical treatment of various sorts. Perhaps the latest of these accessory workers is the orthoptist.

Orthoptics, or the non-operative treatment of squints, is by no means a new idea. We find its roots deep down in the history of medicine. In the earliest records of medical writings we find squint mentioned; for example, in ancient Egyptian records there is a reference to the subject dating about 1650 B.C.

The treatment reads thus: For turning of the eyes, equal parts of tortoise brain and oriental spices rubbed together. This treatment could hardly be expected to be permanent, but, at any rate, it held the field for some two thousand years, until it was displaced by the mask of Paulus Aegineta, A.D. 625-690. This mask was

worn before the face, and reached its greatest development eight hundred years later, in the time of Bartisch, and no further mention of it is found until its revival in quite recent times.

In 1743 we find the first attempt to explain squint, a French surgeon drawing attention to three important points :—(1) That squint occurred as a result of anisometropia; (2) that occlusion of the good eye was beneficial in squint; (3) the need of equalising the two eyes as far as possible by suitable correcting lenses, and by his insistence upon constant exercise of the bad eye he may be said to have been the first to introduce sound methods of orthoptic training. (In 1801 these views were confirmed by Erasmus Darwin.) Towards the end of the eighteenth century a quack, Chevalier John Taylor introduced the operation of conj clipping for the relief of squint, and this operation was later put upon a scientific basis by the surgeons.

Thus in the early part of the nineteenth century we find two diverging paths of treatment—the operative and the orthoptic.

In 1850, when the operative procedure had reached its golden age, we find prominent surgeons, notably Hayes Walton, describing orthoptics as ingenious but futile, and at the same time equally prominent men like Graefe Donders Paval and Mackenzie working on the cause of squint, and its treatment by exercises.

Perhaps Mackenzie struck the keynote of our present conception of squint when in 1855 he wrote : “The cause of squint should be sought elsewhere than in the muscles of the eye; elsewhere than in the retina; that is to say, in the brain and nerves, organs which preside over the association of the acts of the muscles of the eyes.

And now nearly three-quarters of a century later we find these diverging paths meeting in our modern squint clinics. It is the aim of ophthalmic surgeons to-day to preserve the balance between the operative and the orthoptic treatment—to operate when necessary, and to withhold operation where it would ultimately be disadvantageous.

Miss Rankin, who is with us to-night, is the first orthoptist to work in Ireland, and she has been invited to come here to-night to tell you how she helps us in our work of endeavouring to maintain the proper balance between operative and non-operative treatment of strabismus.

Dr. F. M. B. Allen, introducing Miss Hayward, said : Speech defects are not modern inventions, for we read : “Moses was slow of speech and of a slow tongue,” and Isaiah prophesied that the “tongue of the stammerer shall be ready to speak plainly.” Speech defects appear to be increasing, and curative work must be approached with the object of finding the best way of alleviating the afflicted by giving them—(1) the best methods, (2) the best teachers. The latter are “speech therapists,” not teachers of elocution, with whom they are often confused. Their subject is a relatively new one, and requires a long course of training in phonetics, neurology, plupiology, and clinical study. Miss Hayward is the first speech therapist to practise in Belfast, and already her work in the Children’s Hospital on

the Falls Road is showing signs of success. She works only under the direction of medical practitioners.

The president and Mrs. McCloy held a reception at the Whitla Medical Institute on the 31st January, 1939. There was a large attendance of fellows and members, their wives and friends. The lecture room had been beautifully decorated for the occasion, and presented an animated appearance. After receiving their guests, the president and company were entertained by musical selections. This part of the programme was much appreciated, and the artist, Mr. James Johnstone, received several encores. Dancing followed, and was joined in by most of those present. Supper was served in the library, and the entertainment concluded about one o'clock, all the guests having spent a most delightful and enjoyable evening.

R. S. ALLISON, *Hon. Editorial Secretary.*

University Square, Belfast.

BRITISH MEDICAL ASSOCIATION BELFAST DIVISION

A SPECIAL meeting of all doctors within the Belfast Division area was held on 21st February, under the chairmanship of Dr. Eileen Hickey, in connection with the suggested scheme for the protection of the practices of absentee doctors during a national emergency. In addition to members of the British Medical Association, a number of non-members were present.

Dr. Hickey introduced the subject to be considered by the meeting as a carefully thought-out scheme, and emphasised its great importance to all doctors.

Dr. F. M. B. Allen then moved that the scheme should be adopted by the meeting, and that the following should be appointed to constitute the Local Emergency Committee to conduct the scheme :—

Dr. S. P. Rea and Dr. S. M. McComb, nominated by the Executive Committee of the Belfast Division.

Dr. David Gray and Dr. S. E. A. Acheson, nominated by the Insurance Practitioners' Committee.

Dr. H. A. Warnock, nominated by the Medical Superintendent Officer of Health.

Dr. Brice R. Clarke and Dr. D. M. B. Lothian, representing non-teaching hospitals in the area.

Dr. Robert Marshall and Dr. A. Dempsey, representing the teaching hospitals.

His motion was seconded by Dr. Bennett, and agreed to unanimously.

Many members took part in the discussion which followed. It was shown that during the last war the need for some method of protecting the practices of those on active service had become obvious, and from that time a scheme had been evolving, which, after much thought and discussion, had reached the form of the model scheme now being considered.

In case of panel practice, it adequately protected the absentee practitioner, fifty per cent. of his income from insurance practice being paid to him, while the other

half would be distributed among the acting practitioners, in proportion to the number of his patients who were temporarily attached to their lists. New panel patients would remain on the temporary list of the acting practitioner of their choice during the period of emergency and for an agreed period afterwards, after which they had the right to apply to any practitioner for acceptance on his ordinary list. It was stated that the Local Health Insurance Authorities would co-operate in every way to facilitate the scheme, and would undertake the clerical work entailed. It was hoped that they might also use their powers to prevent unfair attempts to encroach on the practices of those on active service.

The scheme also dealt with private practice, acting practitioners making regular returns of attendances, visits, etc., to a bureau set up by the Local Emergency Committee, the latter collecting the fees, and dividing the receipts equally between the absentee and the acting doctor. It was the feeling of the meeting that while the scheme would work smoothly in the case of insured persons, in the case of private patients this would be more difficult, and a few of those at home might use their opportunities of adding to their practices in an unscrupulous and unethical way. Nevertheless, though it might not be completely effective, a doctor who remained outside the scheme would be very much at a disadvantage.

In accordance with the model scheme, the Local Emergency Committee was then empowered by the meeting to approach each practitioner in the Belfast Division area with a view to signing the form of agreement embodied in the model scheme, in which he agreed to the terms and conditions of the latter. Dr. Hickey having again emphasised that every doctor should subscribe to the scheme, both for his own sake and that of the profession as a whole, the meeting terminated.

J. C. C. CRAWFORD, *Hon. Secretary.*

360 Lisburn Road, Belfast.

BRITISH MEDICAL ASSOCIATION NORTH-EAST ULSTER DIVISION

THE annual social meeting was held in the Temperance Cafe, Coleraine, on Monday, 9th January. The chairman (Dr. J. M. Hunter) and Mrs. Hunter entertained a large company of members and their friends to tea. Dr. W. Colquhoun, of Dunmurry, delivered a most interesting address on "Mountaineering Here and There," illustrated by lantern slides. A vote of thanks to the lecturer was heartily carried, as was a similar vote to the chairman and Mrs. Hunter, and this concluded a most enjoyable function.

A meeting was held in the Temperance Cafe, Coleraine, on Monday, 20th February, 1939. Before reading the minutes of the previous meeting, the secretary drew attention to the fact that these minutes were written on the last page of the book used since the inauguration of the Division. The first entry was dated 7th January, 1903, when a meeting was held in Ballymoney to form a division of the

British Medical Association. Dr. S. Boyd was unanimously called to the chair, and Dr. Huey, Dr. Creery, and Dr. J. C. Martin were elected vice-presidents. Dr. J. C. Martin was appointed hon. secretary.

After routine business, arrangements were made to settle details regarding the annual dinner and the annual golf match. The former was provisionally fixed for Saturday, 15th April.

The chairman, Dr. J. Hunter, Portrush, then called on Dr. Eileen Hickey, of Belfast, to read a paper on "A Few Interesting Cases and Some Pitfalls in Diagnosis." Dr. Hickey delivered a most interesting address, and a good discussion followed. The usual silver collection for medical charities was taken, and the meeting closed.

G. BATEMAN, *Hon. Secretary.*

Hanover Place, Coleraine.

BRITISH MEDICAL ASSOCIATION TYRONE DIVISION

THE annual meeting of the above Division was held in the County Hospital, Omagh, on Wednesday, 25th January, 1939, at 4 p.m. The chair was taken by Dr. Gillespie. Those present were:—Drs. Watson, O'Brien, Henry, Johnston, Maybin, Lagan, Warnock, Leary, McVicker, Chambers, Lyle (L. A.), Eaton, Martin (hon. secretary).

The secretary informed the members that he had sent a telegram of sympathy to Lady Johnstone on learning of the death of Sir Robert Johnstone, and read a letter from Lady Johnstone.

Votes of sympathy were passed in silence to the following members:—Drs. Margaret M. Nelson and Herbert Nelson, on the death of their father; and John Gormley, Abbey Place, Omagh, on the death of his father, who for many years held the position of Clerk to the Omagh Board of Guardians, and who gave his services and assistance so willingly to those members of the profession practising in the Omagh Union. The secretary was instructed to write these letters of sympathy.

The minutes of the last meeting were read and signed by the chairman.

The following officers for the year 1939-40 were elected:—Chairman, Dr. Eaton; vice-chairman, Dr. McNeill; secretary, Dr. Martin; treasurer, Dr. L. A. Lyle; representatives on branch, Dr. Spence and Dr. Gillespie; representative on Representative Council, Dr. W. Lyle; Executive Committee, Dr. Chambers, Dr. Johnston, Dr. Leary, Dr. Lagan, Dr. Warnock, Dr. Gillespie, Dr. McVicker, together with the former.

Dr. Eaton then took the chair, and received a warm welcome from the members present.

The secretary informed the members that he had received the necessary agreements for the protection of practices, and as a number of members had not been present at the meeting summoning all medical practitioners to attend, on the 5th October last, when the scheme was considered and adopted, it was agreed that

the secretary send a notice to all practitioners together with the agreement form, requesting them to read the agreement over carefully, and if unable to attend a meeting to be held at a future date, to write the hon. secretary, stating their views.

The treasurer then submitted his financial report for the year ending 31st December, 1938, which had been audited by the auditor, Dr. Eaton; this showed a credit balance of £2. 16s. 9d., the total amount of unpaid accounts being £1. 0s. 7d. This was accepted by those present.

The following meetings were arranged for 1939 :—Special lecture by Dr. F. Kane, Medical Superintendent, Purdysburn Fever Hospital; suggested dates are the 8th or 15th March. Visit of inspection of the new wing to the Mental Hospital, by kind invitation of Dr. J. M. Johnston, Medical Superintendent. Other lectures to be arranged by the secretary.

The question of school certificates was again discussed; half of the members were against issuing school certificates, as they claimed that there was nothing in the Act (Educational) to compel the parent or guardian of the child to produce medical evidence for non-attendance at school as the result of illness, and it was further stated by the leader of this section, Dr. Gillespie, that medical certificates are not used as evidence for the prosecution, and are only accepted out of courtesy. Another section, led by Dr. Lagan, thought of the hardships brought to parents as the result of refusal of these certificates, and after a long discussion it was agreed to write the Regional Authority at Omagh, stating that in our opinion the demand for school certificates should come from the Regional Authority, and not, as is the practice, from the parent or guardian of the child, and inviting them to meet our committee for the purpose of discussing the whole question of school certification.

There being no further business the meeting adjourned, the members having been entertained to tea by the matron, Miss Snodgrass.

JOHN R. MARTIN, *Hon. Secretary.*

Clogher, Co. Tyrone.

REVIEWS

WHITLA'S DICTIONARY OF TREATMENT. Eighth Edition. By R. S. Allison, M.D., F.R.C.P.(Lond.), and C. A. Calvert, F.R.C.S.I. 1938. London : Bailliere, Tindall & Cox. Pp. 1,286. Price 30s. net.

WE welcome the eighth edition of Whitla's Dictionary of Treatment. This textbook, first published in 1891, served many generations of medical practitioners in every part of the world as a trusted and reliable guide to the treatment of disease. Dr. Allison, Mr. Calvert, and their collaborators have in this edition entirely rewritten Sir William Whitla's masterpiece, and have produced a work, so practical, modern and thorough, covering the whole field of medicine and surgery, that the new edition will prove invaluable to those engaged in general practice, and to senior students.

The original structure of the book, in dictionary form, has been retained. Dr. Allison has improved the method of presentation by the introduction of a short clinical description of each disease, which leads naturally to the principles and details involved in its treatment. The technique of procedures employed by medical men in their daily routine is fully described, such as intramuscular and intravenous medication, venisection, paracentesis, lumbar puncture, etc. Many